

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes	\boxtimes	No

(CFA-4)				
Summary	Sheet			

FILE NUMBER				
TOTAL PAGES IN ENTIRE CFA-4 REPORT				
2				

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)					
Hoosiers For Joven					
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telep	hone Number		
	()			
4. Mailing Address (address where all campaign finance correspondence is received)	Check if thi	is is a new a	ddress		
11871 Challenge Ct.					
5. City, State, ZIP Code	1	y Affiliation (if applicable) Republican			
Indianapolis, IN 46236	Republ				
CANDIDATE INFORMATION (For Candidate's	Committe	ees Only)			
7. Full Name of Candidate (include any nickname)	8. Party	y Affiliation or If Independent Candidate			
James A Joven					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Resid	unty of Residence - Marion		
Marion County Superior Court Judge					
TYPE OF REPORT			CONVENTIO	ON CANDIDATES ONLY	
11. Check one:			Check one:		
Pre-Primary Pre-Election Annual Nomination Other			Pre-Convention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement	t of Organization	n)	Post-Co	nvention	
12. Reporting Period:			UMN A	COLUMN B	
From:1/1/14 Through: 12/31/14			Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		\$501.2	3		
14. Cash on hand and investments January 1, current year.				\$501.23	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)					
15b. Unitemized				-	
Too. Add into Tod and Too in both both	BTOTAL	0504.0		0504.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$501.2	3	\$501.23	
EXPENDITURES				1	
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		ļ			
17b. Unitemized					
17c. Add lines 17a and 17b in both columns	BTOTAL	1			
17c. Add lines 17a and 17b in bour columns	BIUIAL	 			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$501.2		\$501.23	
		\$501.2 \$23,65		\$501.23	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)				\$501.23	

CERTIFICATION				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.				
Signature of Treasurer	Title - Treasurer	Date 01/14/2015		
Signature of Candidate (if applicable)	Ŧ .	Date 1/20/15		
WARNING: Any information contained in this report may not be capied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a frauduled report commits a Class D felony (IC 3-14-1-3) A person who fails to file a complete or accurate report as required by the Indiana				

Campaign Finance Law commits a Class B misdemeaner, (#C 3-14-1-14) and may be subject to civil penalties. (#C 3-9-4-16, #C 3-9-4-17, #C 3-9-4-18)

FOR OFFICE USE ONLY

FILED

JAN 20 2015

Myla a. Eldridge



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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
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	Page 2 of 2				

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
James A. Joven 11871 Challenge Ct. Indianapolis, IN 46236		Loan	Documented on previous reports	\$0.00	\$23,652.25
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION: LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$23,652.25
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$23,652.25